

REA Date Stamp

**USUHS FORM 3212**  
**REPROGRAMMING REQUEST**  
(for USUHS or USUHS-Administered Grants)

Protocol No.: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**1. Changes within Budget Categories:**

Categories	Decrease	Increase
Personnel Support (not contracted employees)		
Supplies (object code 2600)		
Other Services (including contracts object code 2500)		
Equipment (costs > \$300)		
Travel		
Stipend/Grants		
<b>TOTAL</b>		

**2. Change in the Budget Period:**

No-cost extensions of intramural grants that exceed 6 months will be sent to the MRC for review.  
If applicable, annual LARB (USUHS Form 3206A) and/or IRB (USUHS Form 3204A) assurance forms must accompany this request.

Current End Date:

Requested End Date:

**3. Justification for Changes (required):**

This must be provided in sufficient detail to permit an informed and accurate determination. Block expands.

**4. Certification:** We certify that to the best of our knowledge the above information is correct and the changes requested are in the best interest of the University.

Typed Name

Signature and Date

Principal Investigator: \_\_\_\_\_

Department Chair: \_\_\_\_\_